

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034972

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 1

FILED OCT 7 1963

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		c. CITY OR TOWN Laddonia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital		d. STREET ADDRESS (If outside, give location) Laddonia	
3. NAME OF DECEASED (Type or print) First Benjamin Middle Allen Last Carver		4. DATE OF DEATH Month 9 Day 28 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-7-1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME Benjamin Carver		13b. MOTHER'S MAIDEN NAME Ethel M. Carver	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 17-12-10-1000	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIO-RENAL DECOMPENSATION DUE TO (b) NEPHRO-SCLEROSIS DUE TO (c) 2 YR.		INTERVAL BETWEEN ONSET AND DEATH 4 MO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 3:00 a.m. p.m. Month, Day, Year 8-12-63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Mexico, Mo. COUNTY Laddonia STATE Missouri	
21. I attended the deceased from 8-12-63 to 9-28-63 and last saw him alive on 9-28-63 Death occurred at 3:00 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE H.S. Thacker D.O. (Degree or title)	
22b. ADDRESS Mexico, Mo.		22c. DATE SIGNED 10-2-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-1-1963	23c. NAME OF CEMETERY OR CREMATORY Laddonia Cemetery	23d. LOCATION (City, town, or county) (State) Laddonia, Missouri
24. FUNERAL DIRECTOR Wilkey-Bienhoff, Laddonia, Missouri		25. DATE REC'D BY LOCAL REG. 10-3-1963	
26. REGISTRAR'S SIGNATURE Alberta Edmonson			

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS-300
Rev. 4/59

1 0047

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13 30

1963 OCT 9

7400
6600

50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer _____

Signed Clyde L. Murray

Licensed Embalmer No. 3850

P. O. Address Perry, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.